

Please print or type (Form designed for use on elite (12-pitch typewriter))

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No CA D 9 8 1 3 8 1 9 3 0		Manifest Document No 01010151		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3 Generator's Name and Mailing Address AMCAST AEROSPACE PRODUCTS ONTARIO DIVISION 11000 JERSEY BLVD RANCHO CUCAMONGA, CA. 91730						A. State Manifest Document Number 87138987				
4 Generator's Phone (714) 987-4721						B. State Generator's ID HIAH0360135011				
5 Transporter 1 Company Name OMEGA RECOVERY SERVICES			6 US EPA ID Number CA D 0 4 2 2 4 5 0 0 1			C. State Transporter's ID 904879		D. Transporter's Phone 013-698-0991		
7 Transporter 2 Company Name						E. State Transporter's ID				
8 Transporter 2 US EPA ID Number						F. Transporter's Phone				
9 Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 S. WHITTIER BLVD. WHITTIER, CA. 90602						10 US EPA ID Number CA D 0 4 2 2 4 5 0 0 1		G. State Facility's ID CA D 0 4 2 2 4 5 0 0 1		
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12 Containers No Type		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. WASTE ORM-E LIQUID, NOS. NA 9189 (FOO1)						13 D 1 0 1 0 1 7 1 5				State 211 EPA/Other FOO1
b.										State EPA/Other
c.										State EPA/Other
d.										State EPA/Other
16. Additional Descriptions for Materials Listed Above TRICHLORONTRIFLUOROTHANE = 70% ETHANOL = 5% OIL = 25%						K. Handling Codes for Wastes Listed Above a. 01 b. c. d.				
15. Special Handling Instructions and Additional Information GLOVES + EYE PROTECTION										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name GEORGE LEIMANN SR			Signature <i>George Leimann Sr.</i>			Month Day Year 01/11/89				
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name ROBERT J CIRINGEOM			Signature <i>Robert Ciringear</i>			Month Day Year 01/11/89				
18. Transporter 2 Acknowledgement of Receipt of Materials										
Printed/Typed Name			Signature			Month Day Year				
19. Discrepancy Indication Space										
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.										
Printed/Typed Name FRANK FORD			Signature <i>Frank Ford</i>			Month Day Year 01/11/89				

CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-952-7550

GENERATOR

TRANSPORTER

FACILITY

OFFICIAL MANIFEST RECORD COPY